



PROVIDER BULLETIN



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Network Providers

A Publication of the Local Mental Health Plan of the County of Los Angeles Department of Mental Health

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UPDATE CONTRACTOR ADDRESSES AND CONTACT INFORMATION

The Department of Mental Health (DMH) is setting up the Integrated Behavioral Health Information System (IBHIS) for the purpose of future claiming, which requires a unique National Provider Identifier (NPI) number for each service location. Please complete the attached Contractor Address Form (Attachment X), which requires your signature; and submit it, along with a copy of your NPI Registry and W-9 form **by June 22, 2015**. You must mail the originals to the address below and fax a copy of all documents to (213) 381-7092.

**Department of Mental Health
Contracts Development and Administration Division
550 South Vermont Avenue, 5th Floor
Los Angeles, CA 90020
Attention: Fee-For-Service Section**

Network Providers must ensure that NPI information is current and accurate. To review the NPI Registry and update the NPI record, please visit the National Provider Plan and Enumeration System (NPPES) website at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

If the "Pay To address" is changed, providers are required to complete and sign the W-9 form. Additionally, our Department uses email to communicate any updates with the Network Providers that may affect their billing or ability to provide specialty mental health services. Therefore, please ensure you provide your current email address and the same for your billing agent.

LOCAL MENTAL HEALTH PLAN
OFFICE OF THE MEDICAL DIRECTOR
MEDI-CAL PROFESSIONAL SERVICES & AUTHORIZATION DIVISION
550 S. Vermont Ave, 7th Floor, Los Angeles, CA 90020
FFS Hotline: (213) 738-3311
Website: <http://dmh.lacounty.gov>

If you have additional service locations without a corresponding NPI number, but would like to have them listed in the Local Mental Health Plan (LMHP) Directory of Network Providers, please list them on the page 2 of the Contractor Address Form. If any of your information (e.g. email, address, etc.) changes, please notify us using the Contractor Address Form. Timely submission of this form whenever there is a change, will ensure appropriate claiming, payment, and updates.

SUBCONTRACTING BY FEE-FOR-SERVICE NETWORK PROVIDERS IS PROHIBITED

Pursuant to Paragraph 13 of the Medi-Cal Professional Services Agreement:

13. *SUBCONTRACTING: No performance of this Agreement, or any portion thereof, shall be subcontracted by Contractor. Any attempt by Contractor to subcontract any performance, obligation, or responsibility under this Agreement, shall be null and void, and shall constitute a material breach of the Agreement. In the event of any such breach by Contractor, this Agreement may be terminated forthwith by County.*

NOTICES TO THE DEPARTMENT OF MENTAL HEALTH

Pursuant to Paragraph 63 of the Medi-Cal Professional Services Individual Agreement and Paragraph 64 of the Medi-Cal Professional Services Group Agreement with DMH, providers are required to provide written notification of any changes to their contract information. All notices which may include, but not be limited to, changes in name or address or termination of contract shall be in writing and addressed to DMH at the following address:

**Department of Mental Health
Contracts Development and Administration Division
550 South Vermont Avenue, 5th Floor
Los Angeles, CA 90020
Attention: Chief of Contracts**

If you have any questions regarding this Provider Bulletin, please contact the FFS Hotline at (213) 738-3311 or send an email to: FFS2@dmh.lacounty.gov

Provider Bulletins are posted on the DMH website at: http://lacdmh.lacounty.gov/hipaa/ffs_UIS_Special.htm